

Therapy Centre Consent Form

Section A & B may be filled by the owner, therapist or vet. Section C must be completed by the veterinary surgeon and then returned via email prior to the first treatment.

Section A – **Owners Details**

Date:

Name:	
Mobile/Home Telephone/Email:	
Address:	
Client Signature: (can be signed on the day of the first appointment)	

Section B – **Details of Animal**

Name:		Insured?	
Breed:		Insurance Company:	
Sex:		Date of Vaccination:	
D.O.B:		Work type (if any):	

Section C – **Veterinary Practice**

Veterinary Surgeon:		Contact telephone:	
Practice address:		Contact email:	

Please complete *if* relevant:

Diagnosis (if relevant)	
Relevant medical history and medications	
Treatments since injury/surgery (if relevant):	

Veterinary Surgeon Declaration

Date:

I consent to this animal undergoing training on the Under Water Treadmill at Bishop Burton College.

Name:

Signature: